

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
FORM C/OH
COVER SHEET PG 1

2003 JAN 15 A 11:33

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME		TITLE MR.		FIRST ROKER	
		NICKNAME		LAST FLORES	
				MI O	
				SUFFIX JR	
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX;		APT / SUITE #;	
		P.O. BOX 2233		CITY;	
		SAN ANTONIO, TEXAS		STATE;	
		78298-2233		ZIP CODE	
5 CAMPAIGN TREASURER NAME		TITLE MRS.		FIRST JANINE	
		NICKNAME		LAST FLORES	
				MI P	
				SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	
		502 W RUSSELL PL		CITY;	
		SAN ANTONIO, TEXAS		STATE;	
		78212		ZIP CODE	
7 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER	
		(210)		736.1469	
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	
		<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	
		<input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
		<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED		Month Day Year		Month Day Year	
		7 / 03 / 02		12 / 31 / 02	
10 ELECTION		ELECTION DATE		ELECTION TYPE	
		Month Day Year		<input type="checkbox"/> Primary	
		5 / 03 / 03		<input type="checkbox"/> Runoff	
				<input checked="" type="checkbox"/> General	
				<input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
				CITY COUNCIL, DISTRICT 1	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>			
		<p><input type="checkbox"/> additional pages</p>			
GO TO PAGE 2					



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

ROGER FLORES, JR

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

27,920

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

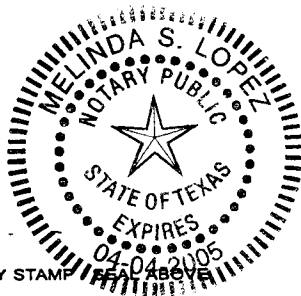
13,877.20

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Roger Flores
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Roger Flores, this the 15th day of January, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15

1 Total pages this Schedule A1:

A 11: 351 OF 17

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

7.11.02

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. & MRS. JESS Y. WOLACK, II

6 Contributor address; City; State; Zip Code

711 NAVARRO, SUITE 404
SAN ANTONIO, TEXAS 78205

7 Amount of contribution (\$)

\$ 250

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

7.15.02

Full name of contributor

☐ out-of-state PAC (ID#)

EDWARD G. STEVES

Contributor address; City; State; Zip Code

P.O. DRAWER 5
SAN ANTONIO, TEXAS 78211

Amount of contribution (\$)

\$ 1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7.15.02

Full name of contributor

☐ out-of-state PAC (ID#)

SAM BELL STEVES, II

Contributor address; City; State; Zip Code

P.O. BOX 18660
SAN ANTONIO, TEXAS 78297

Amount of contribution (\$)

\$ 1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7.10.02

Full name of contributor

☐ out-of-state PAC (ID#)

PATRICIA GALT STEVES

Contributor address; City; State; Zip Code

P.O. BOX 18660
SAN ANTONIO, TEXAS 78297

Amount of contribution (\$)

\$ 1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8.10.02

Full name of contributor

☐ out-of-state PAC (ID#)

GILORIA GALT

Contributor address; City; State; Zip Code

700 E. HILDEBRAND
SAN ANTONIO, TEXAS 78212

Amount of contribution (\$)

\$ 1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2003 JAN 15 A 11: 332 OF 17

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-10-02

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS. JOHN T. STEEN, JR

6 Contributor address; City; State; Zip Code

 300 CONVENT SUITE 2440
SAN ANTONIO, TEXAS 78205

 7 Amount of
contribution (\$)

\$ 200

 8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8-11-02

Full name of contributor

☐ out-of-state PAC (ID#)

DR. & MRS. ALFONSO CHILCANO

Contributor address; City; State; Zip Code

 15243 PEBBLE COVE
SAN ANTONIO, TEXAS 78232

 Amount of
contribution (\$)

\$ 1000

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-12-02

Full name of contributor

☐ out-of-state PAC (ID#)

STANLEY & LINDA BLEND

Contributor address; City; State; Zip Code

 14122 BLUFF MANOR DR
SAN ANTONIO, TEXAS 78216

 Amount of
contribution (\$)

\$ 150

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-12-02

Full name of contributor

☐ out-of-state PAC (ID#)

CATHERINE H. EDSON

Contributor address; City; State; Zip Code

 4003 SYLVAN OAKS
SAN ANTONIO, TEXAS 78229

 Amount of
contribution (\$)

\$ 50

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-12-02

Full name of contributor

☐ out-of-state PAC (ID#)

LEE J. PAULICK

Contributor address; City; State; Zip Code

 950 150M RD., SUITE 100
SAN ANTONIO, TEXAS 78216

 Amount of
contribution (\$)

\$ 250

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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CITY CLERK

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Total pages this Schedule A1:

33 3 OF 17

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-13-02

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARSHALL T. CLEGG

6 Contributor address; City; State; Zip Code

 2306 WOODMEN
SAN ANTONIO, TEXAS 78209

 7 Amount of
contribution (\$)

\$ 100

 8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8-13-02

Full name of contributor

☐ out-of-state PAC (ID#)

BERNARD L. LIFSHUTZ

Contributor address; City; State; Zip Code

 215 W TRAVIS ST
SAN ANTONIO, TEXAS 78205

 Amount of
contribution (\$)

\$ 200

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-13-02

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD & JESSE KARDYS

Contributor address; City; State; Zip Code

 417 RIDGEMONT
SAN ANTONIO, TEXAS 78209

 Amount of
contribution (\$)

\$ 100

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-14-02

Full name of contributor

☐ out-of-state PAC (ID#)

TOM C. FROST

Contributor address; City; State; Zip Code

 P.O. BOX 1600
SAN ANTONIO, TEXAS 78296

 Amount of
contribution (\$)

\$ 250

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-14-02

Full name of contributor

☐ out-of-state PAC (ID#)

CROFTS & CALLAWAY

Contributor address; City; State; Zip Code

 112 E. PECAN SUITE 800
SAN ANTONIO, TEXAS 78205

 Amount of
contribution (\$)

\$ 200

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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1 Total pages this Schedule A1:

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2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-15-02

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHRISTOPHER C. HILL

6 Contributor address; City; State; Zip Code

5111 BROADWAY
SAN ANTONIO, TEXAS 78209

7 Amount of
contribution (\$)

\$500

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8-16-02

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN D. ALEXANDER, JR

Contributor address; City; State; Zip Code

700 N ST. MARCO'S, SUITE 1200
SAN ANTONIO, TEXAS 78205

Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-16-02

Full name of contributor

☐ out-of-state PAC (ID#:

KURT A.J. MONIER

Contributor address; City; State; Zip Code

11823 WHISPER SLOE
SAN ANTONIO, TEXAS 78230

Amount of
contribution (\$)

\$50

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-19-02

Full name of contributor

☐ out-of-state PAC (ID#:

J. BRUCE BUEGLI, JR

Contributor address; City; State; Zip Code

410 ELIZABETH RD
SAN ANTONIO, TEXAS 78209

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-19-02

Full name of contributor

☐ out-of-state PAC (ID#:

PATRICK H. SWEARINGEN, JR

Contributor address; City; State; Zip Code

112 E PECAN, SUITE 1100
SAN ANTONIO, TEXAS 78205

Amount of
contribution (\$)

\$75

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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1A Total pages this Schedule A1:

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2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-20-02

5 Full name of contributor ☐ out-of-state PAC (ID#:

SIDNEY H. SWEARINGEN

7 Amount of
contribution (\$)

\$100

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

262 KENNEDY RD
SAN ANTONIO, TEXAS 78209

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8-20-02

Full name of contributor ☐ out-of-state PAC (ID#:

CHRIS JOHN CARSON

Amount of
contribution (\$)

\$200

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1138 E. COMMERCE
SAN ANTONIO, TEXAS 78205

Principal occupation (Optional)

Employer (Optional)

Date

8-20-02

Full name of contributor ☐ out-of-state PAC (ID#:

RICHARD C. ADAM, DPM, P.A.

Amount of
contribution (\$)

\$250

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2829 BARBOCK RD., SUITE 115
SAN ANTONIO, TEXAS 78229

Principal occupation (Optional)

Employer (Optional)

Date

8-20-02

Full name of contributor ☐ out-of-state PAC (ID#:

SAN ANTONIO CARDIAC ASSOCIATES, P.A.

Amount of
contribution (\$)

\$150

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

7922 SWING HALLS, SUITE 240
SAN ANTONIO, TEXAS 78229

Principal occupation (Optional)

Employer (Optional)

Date

8-20-02

Full name of contributor ☐ out-of-state PAC (ID#:

MICHAELINE AGUIRRE

Amount of
contribution (\$)

\$200

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4301 BROADWAY, APT 1
SAN ANTONIO, TEXAS 78209

Principal occupation (Optional)

Employer (Optional)

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Total pages this Schedule A1:

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2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-21-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE C. HIXON	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 317 E COMMERCE, SUITE 300 SAN ANTONIO, TEXAS 78205			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 8-21-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & MRS. JAMES W. GORMAN	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4040 BROADWAY, SUITE 615 SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 8-24-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAURA McALLISTER JOHNSON	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 CONCORD PLAZA #625 SAN ANTONIO, TEXAS 78216			
Principal occupation (Optional)		Employer (Optional)	
Date 8-27-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSE H. MEDZELLIN	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 ARBOR PL SAN ANTONIO, TEXAS 78207			
Principal occupation (Optional)		Employer (Optional)	
Date 8-27-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EMORY A. HAMILTON	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 N ST. MARY'S, SUITE 1200 SAN ANTONIO, TEXAS 78205			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.2.02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE & EVA NEUBERT	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1023 AVE B #1 SAN ANTONIO, TEXAS 78215			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9.3.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUDY & JACKIE DAVILA	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6355 HOLLYHOCK SAN ANTONIO, TEXAS 78240			
Principal occupation (Optional)		Employer (Optional)	
Date 9.3.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUDY & DOROTHY DAVILA	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 11306 WHISPER FALL SAN ANTONIO, TEXAS 78230			
Principal occupation (Optional)		Employer (Optional)	
Date 9.4.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LTCOL (RET) KEITH S. MIRPER	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4511 SHAVANO PEAK SAN ANTONIO, TEXAS 78230			
Principal occupation (Optional)		Employer (Optional)	
Date 9.4.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EUGENE L. AMES, JR	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1250 NE LOOP 410 SUITE 1000 SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	

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1: Total pages this Schedule A1:

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2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9.9.02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICK J. & JOAN R. KENNEDY	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 E PECAN SUITE 2010 SAN ANTONIO, TEXAS 78205			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9.12.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES E. CHEEVER, JR	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 TERRELL RD SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 9.24.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANES M. SMITH	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 E PECAN ST 30TH FL SAN ANTONIO, TEXAS 78205			
Principal occupation (Optional)		Employer (Optional)	
Date 10.2.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD & HELEN MARTIN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 234 E. LULLWOOD SAN ANTONIO, TEXAS 78212			
Principal occupation (Optional)		Employer (Optional)	
Date 10.17.02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES E. AMATO	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9311 SAN PEDRO AVE, SUITE 600 SAN ANTONIO, TEXAS 78216			
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

10.17.02

5 Full name of contributor

☐ out-of-state PAC (ID#:

CHRISSEY ANTHONY

6 Contributor address; City; State; Zip Code

97 LONGSTON
SAN ANTONIO, TEXAS 78209

7 Amount of
contribution (\$)

\$500

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10.18.02

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIAM E. DREYER

Contributor address; City; State; Zip Code

10 IRONWOOD RD
SAN ANTONIO, TEXAS 78212

Amount of
contribution (\$)

\$1000

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10.22.02

Full name of contributor

☐ out-of-state PAC (ID#:

JACK J. SPECTOR

Contributor address; City; State; Zip Code

2217 DEVINE
SAN ANTONIO, TEXAS 78209

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10.23.02

Full name of contributor

☐ out-of-state PAC (ID#:

DBA SOULES & WALLACE

Contributor address; City; State; Zip Code

100 W HOUSTON, SUITE 1500
SAN ANTONIO, TEXAS 78205

Amount of
contribution (\$)

\$500

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10.23.02

Full name of contributor

☐ out-of-state PAC (ID#:

PAUL & TINA LYONS

Contributor address; City; State; Zip Code

720 CASTANO
SAN ANTONIO, TEXAS 78209

Amount of
contribution (\$)

\$1000

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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CITY CLERK

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2003 JAN 15

1 Total pages this Schedule A1:
A 11: 10 OF 17

2 FILER NAME KOEKER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-23-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN & RITA FEIK	7 Amount of contribution (\$) \$ 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 221 ELMWOOD RD SAN ANTONIO, TEXAS 78209			

9 Principal occupation (Optional)	10 Employer (Optional)
-----------------------------------	------------------------

Date 10-24-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RABBI BARRY H. BLOCK	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 LONGSTON SAN ANTONIO, TEXAS 78209			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date 10-26-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES L. BRANTON & JAMES A. HALL	Amount of contribution (\$) \$ 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 NAVARRO, SUITE 137 SAN ANTONIO, TEXAS 78205			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date 10-28-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PETER C. SELIG	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 703 SHERATON SAN ANTONIO, TEXAS 78209			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

Date 10-28-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN & RUTH AGATHER	Amount of contribution (\$) \$ 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 W FRENCH PL SAN ANTONIO, TEXAS 78212			

Principal occupation (Optional)	Employer (Optional)
---------------------------------	---------------------

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1

 FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15

A Total pages this Schedule A1:

11 OF 17

2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-29-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADAM C. CORTEZ	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 300 CONVENT SUITE 1500 SAN ANTONIO, TEXAS 78205			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10-29-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES M. WILLBORN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6514 LAUREL HILL SAN ANTONIO, TEXAS 78229			
Principal occupation (Optional)		Employer (Optional)	
Date 10-29-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE & EVA NEUBERT	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1023 AVE B #1 SAN ANTONIO, TEXAS 78215			
Principal occupation (Optional)		Employer (Optional)	
Date 10-29-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICK J. KENNEDY, JR	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 E PECAN, SUITE 2550 SAN ANTONIO, TEXAS 78205			
Principal occupation (Optional)		Employer (Optional)	
Date 10-29-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACK BROADBENT	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14427 BROOK HOLLOW #318 SAN ANTONIO, TEXAS 78232			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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Total pages this Schedule A1:
12 OF 17

2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-29-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTIN WEISS	7 Amount of contribution (\$) \$ 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8207 CALLAGHAN RD, SUITE 400 SAN ANTONIO, TEXAS 78230			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10-31-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 3 D/I PAC	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1900 WEST LOOP SOUTH, SUITE 600 HOUSTON, TEXAS 77027			
Principal occupation (Optional)		Employer (Optional)	
Date 11-1-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROGER C. HILL, JR	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5111 BROADWAY SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 11-1-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL D. PACE, M.D., P.A.	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2829 BABCOCK RD, SUITE 700 SAN ANTONIO, TEXAS 78229			
Principal occupation (Optional)		Employer (Optional)	
Date 11-4-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A. BAKER DUNCAN	Amount of contribution (\$) \$ 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 NAVARRO, SUITE 740 SAN ANTONIO, TEXAS 78205			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A1

 FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

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2003 JAN 15

1 Total pages this Schedule A1:

A1: 13 OF 17

2 FILER NAME

REYER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-6-02

5 Full name of contributor

☐ out-of-state PAC (ID#)

LOUIS A. BARRIOS

6 Contributor address; City; State; Zip Code

 1834 PAISLEY
SAN ANTONIO, TEXAS 78231

 7 Amount of
contribution (\$)

\$ 250

 8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11-6-02

Full name of contributor

☐ out-of-state PAC (ID#)

MARSHALL B. MILLER, JR

Contributor address; City; State; Zip Code

 319 LIMESTONE CREEK
SAN ANTONIO, TEXAS 78232

 Amount of
contribution (\$)

\$ 500

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11-6-02

Full name of contributor

☐ out-of-state PAC (ID#)

SCOTT & ELANOR PETTY

Contributor address; City; State; Zip Code

 202 LA JARA
SAN ANTONIO, TEXAS 78209

 Amount of
contribution (\$)

\$ 500

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11-7-02

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM I. WYATT, JR

Contributor address; City; State; Zip Code

 301 ALBANY
SAN ANTONIO, TEXAS 78209

 Amount of
contribution (\$)

\$ 100

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11-7-02

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN R. HANNAH CO., LLP

Contributor address; City; State; Zip Code

 800 NAVARRO, SUITE 210
SAN ANTONIO, TEXAS 78205

 Amount of
contribution (\$)

\$ 100

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1

 FORMS C/OH, C/OH-SS, SC-C/OH,
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2003 JAN 15

1 Total pages in this Schedule A1:

14 OF 17

2 FILER NAME ROCKY FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-7-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARNOLD SWARTZ	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 200 PATTERSON AVE #406 SAN ANTONIO, TEXAS 78209			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11-8-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHESLEY I. SWANN, III	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 6862 SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 11-11-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WEIR LABATT, III	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 135 W ELSMERE SAN ANTONIO, TEXAS 78212			
Principal occupation (Optional)		Employer (Optional)	
Date 11-13-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRUCE H. C. HILL	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5111 BROADWAY SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 11-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIAN & TINA WEINCE	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 7608 SAN ANTONIO, TEXAS 78207			
Principal occupation (Optional)		Employer (Optional)	

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SCHEDULE A1

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2003 JAN 15
Total pages this Schedule A1:
15 OF 17

2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-18-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM SCANLAN, JR	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 E PECAN, 30TH FL SAN ANTONIO, TEXAS 78205			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11-18-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REAGAN HOUSTON, IV	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4040 BROADWAY, SUITE 630 SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 11-20-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES L. HAYNE	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 110 PASCO SQUARE SAN ANTONIO, TEXAS 78212			
Principal occupation (Optional)		Employer (Optional)	
Date 11-21-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY & ALICE M. IRVIN	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX PMB 624, SUITE 217 24165 IH 10 W SAN ANTONIO, TEXAS 78257			
Principal occupation (Optional)		Employer (Optional)	
Date 11-25-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EDWARD H. AUSTIN, JR & RUTH C. AUSTIN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 755 E MULBERRY, SUITE 400 SAN ANTONIO, TEXAS 78212			
Principal occupation (Optional)		Employer (Optional)	

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 Total pages this Schedule A1:
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2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12-6-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: D. CARVAJAL	7 Amount of contribution (\$) #20	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 130 CITY ST SAN ANTONIO, TEXAS 78204			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12-10-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID S. ZACHRY	Amount of contribution (\$) #500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 240130 SAN ANTONIO, TEXAS 78224			
Principal occupation (Optional)		Employer (Optional)	
Date 12-16-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & MRS. JESSY W. WONACK, II	Amount of contribution (\$) #250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 NAVARRO, SUITE 404 SAN ANTONIO, TEXAS 78205			
Principal occupation (Optional)		Employer (Optional)	
Date 12-17-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUDY & DOROTHY DAVILA	Amount of contribution (\$) #250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11306 WHISPER FALL SAN ANTONIO, TEXAS 78230			
Principal occupation (Optional)		Employer (Optional)	
Date 12-17-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISSEY ANTHONY	Amount of contribution (\$) #500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 97 LONGFORD SAN ANTONIO, TEXAS 78209			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1

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1 Total pages this Schedule A1:

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2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-18-02

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHARLES E. CHEEVER, JR

6 Contributor address; City; State; Zip Code

 501 TERRELL RD
SAN ANTONIO, TEXAS 78209

 7 Amount of
contribution (\$)

\$250

 8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12-27-02

Full name of contributor

☐ out-of-state PAC (ID#)

LEE J. PAULICK

Contributor address; City; State; Zip Code

 950 KOM RD, SUITE 100
SAN ANTONIO, TEXAS 78216

 Amount of
contribution (\$)

\$250

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12-27-02

Full name of contributor

☐ out-of-state PAC (ID#)

DANIEL H. KELLUM, JR. MD

Contributor address; City; State; Zip Code

 3 PARMAN
SAN ANTONIO, TEXAS 78230

 Amount of
contribution (\$)

\$1500

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

 Amount of
contribution (\$)

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

 Amount of
contribution (\$)

 In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 A 11:34

1 Total pages Schedule F:

1 OF 9

2 FILER NAME

ROCKY FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

DAWN ANN LARIOS

7 Amount (\$)

7-23-02

6 Payee address; City; State; Zip Code

4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

\$159.13

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR
INVITATIONS/ KINKO'S

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

DELICIOUS TAMALES

Amount (\$)

8-6-02

Payee address; City; State; Zip Code

1330 CULEBRA RD
SAN ANTONIO, TEXAS 78201

\$52.03

Purpose of payment (See instructions regarding type of information required.)

FOR NATIONAL NIGHT OUT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

POSTMASTER

Amount (\$)

8-26-02

Payee address; City; State; Zip Code

615 E HOUSTON
SAN ANTONIO, TEXAS 78205

\$33.40

Purpose of payment (See instructions regarding type of information required.)

PURCHASE OF P.O. BOX

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

DAWN ANN LARIOS

Amount (\$)

8-30-02

Payee address; City; State; Zip Code

4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

\$1100

Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The Instruction Guide explains how to complete this form.

2003 JAN 15 A

11 34 pages Schedule F:

2 OF 9

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)**4 Date****5 Payee name**

DAWN ANN LARIOS

7 Amount (\$)

9-13-02

6 Payee address; City; State; Zip Code4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

\$1100

8 Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date**Payee name**

DAWN ANN LARIOS

Amount (\$)

9-28-02

Payee address; City; State; Zip Code4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

\$1100

Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date**Payee name**

POSTMASTER

Amount (\$)

10-11-02

Payee address; City; State; Zip Code615 E HOUSTON
SAN ANTONIO, TEXAS 78205

\$111

Purpose of payment (See instructions regarding type of information required.)

STAMPS

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date**Payee name**

DAWN ANN LARIOS

Amount (\$)

10-11-02

Payee address; City; State; Zip Code4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

\$1100

Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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SCHEDULE F

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1 Total pages Schedule F:

3 OF 9

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

DAWN ANN LARIOS

7 Amount (\$)

10-21-02

6 Payee address; City; State; Zip Code
4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

\$155.96

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR
OFFICE SUPPLIES, KINKO'S, STAMPS9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

TARGET

Amount (\$)

10-21-02

Payee address; City; State; Zip Code
12621 W IH-10
SAN ANTONIO, TEXAS 78230

\$56.52

Purpose of payment (See instructions regarding type of information required.)

CANDY, BAGS, FOR SENIOR
CENTERS9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

OFFICE MAX

Amount (\$)

10-23-02

Payee address; City; State; Zip Code
12635 IH-10 W, SUITE 525
SAN ANTONIO, TEXAS 78230

\$32.36

Purpose of payment (See instructions regarding type of information required.)

INK JET CARTRIDGE

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

DAWN ANN LARIOS

Amount (\$)

10-24-02

Payee address; City; State; Zip Code
4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

\$63.08

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES, ANSWERING
MACHINE9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 A 11:34

Total pages Schedule F:

4 OF 9

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-25-02

5 Payee name

KINKO'S

7 Amount (\$)

#14.70

6 Payee address; City; State; Zip Code

11745 W IH-10, SUITE 780
SAN ANTONIO, TEXAS 78230

8 Purpose of payment (See instructions regarding type of information required.)

PAPER, INVITATIONS

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10-25-02

Payee name

POSTMASTER

Amount (\$)

#111

Payee address; City; State; Zip Code

615 E HOUSTON
SAN ANTONIO, TEXAS 78205

Purpose of payment (See instructions regarding type of information required.)

STAMPS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10-25-02

Payee name

DAWN ANN LARIOS

Amount (\$)

#1100

Payee address; City; State; Zip Code

4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11-8-02

Payee name

DAWN ANN LARIOS

Amount (\$)

#1100

Payee address; City; State; Zip Code

4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 15 A 11:34 Total pages Schedule F:
5 OF 9

2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-22-02	5 Payee name DAWN ANN LARIOS 6 Payee address; City; State; Zip Code 4706 PARADISE WOODS SAN ANTONIO, TEXAS 78249	7 Amount (\$) \$1100
8 Purpose of payment (See instructions regarding type of information required.) CONTRACT LABOR		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-3-02	Payee name HOLY FAMILY SPECIAL FUND Payee address; City; State; Zip Code 152 FLORENCIA AVE SAN ANTONIO, TEXAS 78228	Amount (\$) \$100
Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-3-02	Payee name HOLY FAMILY SENIOR CITIZEN FUND Payee address; City; State; Zip Code 152 FLORENCIA AVE SAN ANTONIO, TEXAS 78228	Amount (\$) \$100
Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-6-02	Payee name DAWN ANN LARIOS Payee address; City; State; Zip Code 4706 PARADISE WOODS SAN ANTONIO, TEXAS 78249	Amount (\$) \$1100
Purpose of payment (See instructions regarding type of information required.) CONTRACT LABOR		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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2003 JAN 15 A

11:30 PM Page 1 of 9

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)**4 Date****5 Payee name**

SAN ANTONIO, POST

7 Amount (\$)

12.10.02

6 Payee address; City; State; Zip CodeP.O. BOX 14463
SAN ANTONIO, TEXAS 78214

150

8 Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date**Payee name**

DAWN ANN LARIOS

Amount (\$)

12.11.02

Payee address; City; State; Zip Code4706 PARADISE WOODS
SAN ANTONIO, TEXAS 78249

99.19

Purpose of payment (See instructions regarding type of information required.)

OFFICEMAX, SUPPLIES

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date**Payee name**

POSTMASTER

Amount (\$)

12.12.02

Payee address; City; State; Zip Code615 E HOUSTON
SAN ANTONIO, TEXAS 78205

74

Purpose of payment (See instructions regarding type of information required.)

4TAMPS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date**Payee name**

POSTMASTER

Amount (\$)

12.17.02

Payee address; City; State; Zip Code615 E HOUSTON
SAN ANTONIO, TEXAS 78205

37

Purpose of payment (See instructions regarding type of information required.)

4TAMPS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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Total pages Schedule F:

7 OF 9

2 FILER NAME ROGER FLORES, JR		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-18-02	5 Payee name LA PRENSA 6 Payee address; City; State; Zip Code P.O. BOX 930768 SAN ANTONIO, TEXAS 78203	7 Amount (\$) \$ 200
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-18-02	Payee name CESAR CHAVEZ MARCH FUND Payee address; City; State; Zip Code	Amount (\$) \$ 125
Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-19-02	Payee name ST. ANTONIO Payee address; City; State; Zip Code 814 RUIZ ST SAN ANTONIO, TEXAS 78207	Amount (\$) \$ 100
Purpose of payment (See instructions regarding type of information required.) DONATION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-20-02	Payee name DAWN ANN LARIOS Payee address; City; State; Zip Code 4706 PARADISE WOODS SAN ANTONIO, TEXAS 78249	Amount (\$) \$ 1100
Purpose of payment (See instructions regarding type of information required.) CONTRACT LABOR		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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CITY CLERK**SCHEDULE F**

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1 Total pages Schedule F:

8 OF 9

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

WALMART

7 Amount (\$)

12-20-02

6 Payee address; City; State; Zip Code

8500 JONES MALTSBERGER
SAN ANTONIO, TEXAS 78216

131.61

8 Purpose of payment (See instructions regarding type of information required.)

PHOTOS, HOLIDAY CARDS

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

POSTMASTER

Amount (\$)

12-21-02

Payee address; City; State; Zip Code

615 E HOUSTON
SAN ANTONIO, TEXAS 78205

111

Purpose of payment (See instructions regarding type of information required.)

STAMPS FOR MAIL-OUT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

ST. AGNES

Amount (\$)

12-23-02

Payee address; City; State; Zip Code

814 RUIZ ST
SAN ANTONIO, TEXAS 78207

50

Purpose of payment (See instructions regarding type of information required.)

CHRISTMAS DONATION

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

KWEX-TV DIVISION

Amount (\$)

12-24-02

Payee address; City; State; Zip Code

411 E DURANGO
SAN ANTONIO, TEXAS 78204

1800

Purpose of payment (See instructions regarding type of information required.)

HOLIDAY GREETING SPOT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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1 Total pages Schedule F:

90F9

2 FILER NAME

ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

DELICIOUS TAMALES

7 Amount (\$)

12-24-02

6 Payee address; City; State; Zip Code

1330 CULEBRA RD
SAN ANTONIO, TEXAS 78201

\$ 110.28

8 Purpose of payment (See instructions regarding type of information required.)

FOR FIRE STATIONS

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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